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## BIB DATA SHEET

CONFIRMATION NO. 3677

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/531,598	11/25/2005	424	1618	9404.20834
<b>RULE</b>				
<b>APPLICANTS</b> Anders Pettersson, Lilla Edet, SWEDEN; Christer Nystrom, Uppsala, SWEDEN; Yvonne Hakansson, Uppsala, SWEDEN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE03/01598 10/15/2003				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0203065-8 10/16/2002				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /MICAH-PAUL YOUNG/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 48
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> RYAN KROMHOLZ & MANION, S.C. POST OFFICE BOX 26618 MILWAUKEE, WI 53226 UNITED STATES				
<b>TITLE</b> Gastric acid secretion inhibiting composition				
<b>FILING FEE RECEIVED</b> 4910	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	